

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>18303</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Todd A. Vie</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>625 W 39th Street</u> City <u>KANSAS CITY</u> State <u>MO.</u> ZIP Code + 4 <u>64111</u>	4. Name, file number, and address of labor organization. Name <u>CARPENTERS District Council of KC & Vicinity</u> Labor Organization File Number <u>026-389</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>625 W 39th Street</u> City <u>KANSAS CITY.</u> State <u>MO.</u> ZIP Code + 4 <u>64111</u>
5. Position in labor organization. <u>ORGANIZING DIRECTOR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-10-05

Date

816-931-3416

Telephone Number

Name of Person Filing <u>Tooo Vic</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>CARPENTERS District Council of KET Vic</u> <u>Apprenticeship TRAINING FUND</u></p> <p>Trade Name, if any: <u>N/A</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>105 W 12TH AVE.</u></p> <p>City <u>NORTH KANSAS CITY</u></p> <p>State <u>MO</u> ZIP Code + 4 <u>64116</u></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p><u>Apprenticeship TRAINING</u> <u>+ Journeyman</u></p> <p>11.b. Approximate dollar value of such dealing. <u>2,255,100</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>ATTENDED Apprentice Graduation</u> <u>with my wife</u></p> <p style="text-align: right;"><u>10-23-04</u></p> <p>12.b. Amount. <u>\$ 80</u></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Name of Person Filing <u>Tom Vio</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>CARPENTERS District Council of KC & Vicinity</u> <u>Health & Welfare Fund</u> Trade Name, if any: <u>N/A</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3100 Broadway, Suite 805</u> City <u>KANSAS CITY</u> State <u>MO.</u> ZIP Code + 4 <u>64111</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> <u>ADMINISTRATION OF HEALTH AND WELFARE BENEFITS FOR UNION MEMBERS</u> </div> 11.b. Approximate dollar value of such dealing. <u>34,303,380</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> <u>AS ALLENATE FUND TRUSTEE ATTENDED EDUCATIONAL SEMINAR BY INTERNATIONAL FOUNDATION</u> <u>NEW ORLEANS, LA</u> <u>11-29-04 12-5-04</u> </div> 12.b. Amount. <u>\$ 3103</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin: 5px 0;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>

Name of Person Filing <u>Toob Vic</u>	File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
8. Name and address of Business (including trade name, if any). Name <u>Commerce BANK, N.A.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>1000 WALNUT</u> City <u>KC</u> State <u>MO.</u> ZIP Code + 4 <u>64106</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Carpenters District Council of KC & Vic</u> <u>HAW FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>3100 Broadway</u> City <u>KANSAS CITY</u> State <u>MO</u> ZIP Code + 4 <u>64111</u>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; margin-top: 10px; position: relative;"> Investment Services </div> 11.b. Approximate dollar value of such dealing. <u>\$ 32,763</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 150px; margin-top: 10px; position: relative;"> SPONSORED DINNER For Trustees Attending Educational Conference Attended with wife New ORLEANS LA. 12-1-04 </div> 12.b. Amount. <u>\$ 186</u>